

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	6					
Total Claims	9					

\* May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						